Telephone interview with CAPT David Taft. Vietnam War surgeon, who removed live ordnance (a rocket) from patient. Conducted by Jan K. Herman, Historian of the Navy Medical Department, 25 August 2004.

Where are you from originally?

I was born in Madison, WI, but we moved to Ames, IA, in 1941. My father worked for Pennzoil Oil Company.

When did you become interested in medicine?

When I was 11 years old. I was in the hospital having an appendectomy the day after Christmas in 1944. I was absolutely fascinated with the whole thing. I had been interested before that but this was the event that really cinched it.

There was a veterinary medicine school in Ames and I used to go over there on Saturdays and got to see a lot of animal surgery. I had a summer job one year that entailed doing some surgery on pigs and collecting liver biopsies and then sewing the pigs back up again. That was when I was a senior in high school. One of the local surgeons was a Navy veteran from World War II and he sort of took me under his wing. He made quite an impression on me. My father had died when I was a sophomore in high school so this man kind of took over.

So you decided at that point that you wanted to be a physician?

If you had to date it, it was in 1944. I was just a boy but I knew that's what I wanted to do.

How did you get to medical school?

I took my premed at Iowa State in Ames because I couldn't turn down the cost. It cost $35 dollars a quarter! If you had good grades at Iowa State there was no question about being accepted at the Medical School at the University of Iowa in Iowa City. I was accepted at Harvard and Northwestern and Washington University in St. Louis but I could not pass up the low tuition at Iowa and entering medical school after my third year of premed.

When did you graduate?

I graduated in '59 from medical school. One of my patients once asked me where my diploma was. You were supposed to put your diplomas up in your offices at the Mason Clinic where I was for 21 years. They insisted on it because it answered a lot of questions from patients. This one gentleman says, "Where's your premed degree? I don't see a bachelor's degree?" And I said, "I don't have one."

And he said, "What do you mean?"

"Well, I went through Iowa State University for pre-med courses in 3 years. I had 4 years of credits but I didn't take the required library course because I didn't want to bother with it. And they wouldn't give me a degree because that was a requirement. So I said the hell with that." I said to Iowa State, "Since I've got an MD and a masters degree, I probably know how to use a library, so why don't we just cancel the library course and call it a day." And they did, and gave me my bachelor's degree in 1973.

So I graduated from medical school in '59 and took my internship at Ohio State in Columbus. I liked it so much there that I went on ahead and stayed for a surgical residency.

How did you get involved with the Navy?

The first book I ever bought in my life was in 1946, called *The Navy: A History* by Fletcher Pratt. I still have it on my shelf. I was always fascinated with Navy history but particularly the Marine Corps material. When I was a boy during the war, there was a young Marine who lived across the street and came back from an island called Guadalcanal. He he gave me a 1st Division patch, which I still have. I was intrigued with this young man. He'd walk down the street smoking a cigarette. When he was finished, he'd stop and snuff it out on the bottom of his shoe, then peel the paper off, scatter the remaining tobacco to the wind, and then roll up that little piece of paper and swallow it. I said, "What are you doing? My father smokes and he never does that."

And he'd smile at me and say, "I'll bet your father's never been shot at by a Japanese sniper."

During the war I collected shoulder patches and I still have all of them. I think I have 500. The Chicago Northwestern train tracks ran through Ames, and I used to go down there on Saturdays for an hour or two when the troop trains were coming through, and with a razor blade I'd collect patches off those soldiers. They didn't care. They were going places where they could live without a patch.

So you were interested in the Navy and then after your internship and residency, did you sign up?

I was at the University of Edinburgh at the Royal Infirmary in Scotland working with a surgeon named Sir John Bruce, who was surgeon to the Queen. I did that because I was really worn out. Surgical residencies in those days were killing. We had a tremendous divorce rate amongst our residents. I was a bachelor during training and I literally stayed in the hospital for a year and never went home when I was chief resident.

Sir John Bruce had come through town and I asked him if he ever took American surgeons for a year. He said, "Sure, do you want to come over?"

And I said, "I'd love to." So I went to Scotland as a junior consultant for a year in '65, '66. The war started to heat up so I called Dr. Zollinger, my professor at Ohio State. I asked him if he knew any big shots in the Navy. He said, "Will the Surgeon General do for you? VADM Bob Brown is a personal friend of mine."

I said, "Great!"

He said, "What do you want?"

And I said, "I want to go to Vietnam the minute I get home. I want to go with the Marine Corps."

He said, "There shouldn't be a long waiting list for that."

I said, "If I could just arrive in New York, drive across the country and see my parents for a day in Denver and then go on to Camp Pendleton, I'd like that."

He said, "I'll see what I can do."

The next day I got a call from the Embassy down in London saying they had a message from the Surgeon General of the Navy who said that he wanted them to do a physical and an interview. Could I come down tomorrow? I said sure, and jumped on a train that night and went to London--to Grosvenor Square. Have you ever been there?

Yes, I have.

Neat place. Anyway, there was a Medical Corps lieutenant there who met me and we sat down and he interviewed me and did a physical. About midway through, he said, "Who are you anyway?"

And I said, "What do you mean?"

And he said, "When somebody comes through here who is particularly interesting, there's a symbol that's put on the chart or file to alert us that we should be careful and treat this person specially."

And I explained what my professor had done. And then he said that the ambassador would like to see me. So after we had lunch in one of those wonderful pubs, we came back to the Embassy. The ambassador's name was Bruce so I asked him if he was related to the surgeon, Sir John Bruce. And he was. We had a very nice conversation for a few minutes. And off I went.

After I completed my year . . . and this was about the first of September of '66 . . . I flew across to New York, picked up my car, which had been shipped, and drove quickly across the country, stopping in Columbus to thank my professor, and then went on to Denver. I actually was sworn in in Denver where my parents lived at that time. It turned out I came in as a lieutenant commander!

Wow!

Well, I had my boards at that time. The guy who swore me in said that ordinarily doctors came in as lieutenants. And then I continued on to Pendleton.

You went to the Field Medical Service School?

Yes.

What was that like for you?

It was fun. I enjoyed it. I was the senior officer. They handed us over to a gunnery sergeant. He kind of looked at us all. And here was a sad looking bunch of people, about 30 of them. Some were fairly overweight. I was in pretty good shape. I had been doing some hunting in Scotland in the hills and I was running and things like that.

We took a few orientation classes on things like Navy traditions and rank structure, and later that first day this gunny takes us out and tells us that we're going to take a little run. Since I was the senior person, I ran beside him. After a while I looked back and said, "Gunnery Sergeant, I think we had better slow up a little bit."

He said, "You're gettin' tired, huh?"

I said, "No sir, but look behind us." And scattered for about half a mile were these doctors who were straggling along, looking terrible in their uniforms.

And he said, "Oh, my God!"

I said, "Look Gunnery Sergeant, these kids are all very good physicians or they wouldn't be here. They probably didn't want to be in this situation but some of them were drafted. I volunteered for duty as a lot of these boys did but they've been working hundred-hour weeks. They're in terrible shape, but they're all good physicians. Take it easy on them initially."

He said, "How come you can do it?"

And I said, "I was over in Scotland and I was with a bunch of guys who wanted to go out and shoot grouse, catch salmon, and shoot deer in the mountains. So I'm not in bad shape but these guys are hopeless."

But in 3 weeks they got pretty good at it. The next morning, it was time to do some weapons familiarization so the gunny puts this .45 down in front of me and starts giving a lecture on the .45 automatic Colt 1911A1. I picked it up, pulled the slide back, and did a field strip disassembly of it. He looked at me and said, "Put that back together again."

And I said, "Yes sir." And I did. He then said, "There's one in every class."

He said, "Do you shoot?"

And I said, "Yes sir. I shoot a lot. As a matter of fact, I have my own. Would it be okay if I use it?"

He said, "Sure. I want to talk to you after class."

Later that morning I shot the pistol. Some of these kids had never fired a weapon in their lives. That afternoon they took us out and showed us the M14. That's what they were using at the time. The gunny said, "I suppose you've fired some rifles."

"Yes, but nothing like this."

So he said, "Those of you who want to qualify, we'll give you fresh targets and you can fire three range shots and see where they group."

I fired three rounds and peered out and said, "I can't see any marks on the paper." The gunny told me to look through the scope. You could have covered that group with a 50 cent piece in the black. He then said, "Why don't you shoot for record?"

I said, "What's that mean?"

And he said, "Shoot 10 rounds prone, 10 rounds sitting, 10 rounds kneeling, 10 rounds standing."

And I did. He said, "That's a beautiful target but we can't score it because the center's all shot out." Oh, there were a few in the eight and seven rings but anyway..."

He said, "Are you doing anything later tonite? You want to shoot some fun stuff?"

And I said, "You bet!" So we shot an M60 machine gun. He figured that anyone who enjoyed it ought to be able to shoot as much as he wanted to.

We also learned about tropical diseases. We went on some funny little patrols. Since I was the senior person, I had 15 guys and we were supposed to go out and lay an ambush and the Marines were going to come along by us late at night. They told us where to set up the ambush. It started to get dark and they took us out about a mile from where we were in some hills behind the air strip.

When we got there, I said to the rest of the guys, "They are probably going to tell them where we are. Let's move and go in closer." So we went about half a mile further and laid out our ambush there. About 11:30 these Marines came walking down the road past us. We stood up and fired our blanks, popping away at them. There was a sergeant with them who said, "You weren't supposed to be here. You were supposed to be . . ." And I said, "Sure, what fun!"

We were going to be camping out for a day or two. I'd been camping since I was a kid. They gave us each a shelter half and we had to hook them together. On the way there, we had blanks because they said we might be ambushed on the way and we were to spread out and do the right things. We were walking along and up ahead, a quail flew up. I drew down on it and shot. It fell out of the sky! Everyone was looking at me. What probably happened was that these blanks have a little metal wad on top of the charge. I'll bet it hit him. When we picked the bird up, sure as hell, here was this little round piece of brass that had nearly gone clear through him. My 29 comrades just laughed and cheered. The gunny didn't say a thing, but I think he was impressed.

You were really making a hit with this gunny, weren't you?

The gunny and I became very good friends. After hours, he would take his uniform off and he and I would go out and have a beer together. He'd been wounded in Vietnam and I learned a lot from him. It was a lot of fun.

How did you get to Vietnam?

Two weeks into all this training we had already gotten our orders. They sent me where I wanted to go. I was assigned to the 1st Medical Battalion, 1st Marine Division at Danang. In those days, the support units were part of Division. They weren't FSSG (Force Service Support Group) like they are now. So it was 1st Medical Battalion, 1st Marine Division.

A couple of us were going straight over. We flew from Pendleton to San Francisco. The next morning we flew to Anchorage and then from there to Japan, then to Okinawa. Everyone went through Okinawa, where they fitted us out with field uniforms and boots. Actually, at that time they weren't cammies but green utilities. I knew better than to carry much baggage over there. I just had a little hand carry bag. The doc I was traveling with was an orthopedic surgeon and he was weighed down with cardboard boxes and suitcases. He asked me if I would help him carry the stuff but I said, "Hell no. That's why I didn't bring anything." I helped him but was a bit unhappy about it.

After about 2 days on Okinawa, we flew to Danang in a civilian aircraft with stewardesses and the whole works. It was a very pleasant flight. We got there and they opened up the doors and it felt like you had just walked into an oven. It was remarkable. They had somebody waiting there for anyone who needed help. I said that I was supposed to go to the 1st Marine Division headquarters. That was way west of town but they said they'd find a vehicle to take me there.

When I got there the division surgeon came out of his office and kind of looked at me as if to say, "What do you want?" I can't remember his name. I introduced myself and he said, "Oh, you're supposed to be down at Chu Lai." He then told me that was 60 miles south of where we were. It seems that I had to go back to Danang. He was going there so he offered to take me along. So they took me there and dumped me at the airport.

At that time, Danang was starting to be the busiest airport in the world. There were F-4s and all sorts of stuff coming in and out all the time. There was a DC-3 out on the runway and the fellow at the desk told me to get out there and it would take me to Chu Lai. Went I got in the plane there was no one on the aircraft but one other guy, a master sergeant. In the middle of the plane were these huge wooden boxes of stuff all piled up. I looked closely at these boxes. He said, "Sir, did you just get in country?" I answered yes. "Well, he said, "If any stray rounds go through this aircraft, you may have a very short war." They were mortar fuses.

When we got to Chu Lai, I was directed to the medical battalion which was up on a hill about 2 miles away. When I reported to the office, the corpsman on duty said, "Oh, great, the new cutter! Come with me, sir.

We went across the dusty road and into this building which was filled with 15 or 20 casualties on litters. The corpsman led me to a man and tapped him on the shoulder. He gestured toward the patients and said, "Pick one out, any one you want." He was the senior surgeon. I asked if I should put scrub clothes on and he said no, for me just to take off my blouse, put a mask and cap on, and then scrub. I think I had been in Vietnam 6 hours before I was in the operating room.

So that was my introduction to this place. We stayed in Chu Lai until the next Spring during the monsoon season. Then they decided to move us up to Danang and move Charlie Med, which was backing up the 3rd Division, up to Bien Hoa or someplace.

The monsoon season was terrible. I never saw such rain in my life. The number of casualties dropped precipitously. About that time they needed a surgeon on the *Kitty Hawk* and they asked if anyone wanted to go. I said that I'd go. They told me I'd be out there until they got a new surgeon. It turned out that my time out there was about 6 weeks.

A COD [carrier onboard delivery] flight came in and flew me out to the ship. I got out of the airplane with my rifle, an M14 at that time, and a .45. So I got off the plane and I'm standing there in the middle of the flight deck. This guy comes tearing out saying, "What are you doing with all those weapons?"

I said, "They're signed out to me and they don't leave me." Behind him was the master at arms. He said, "Sir, that's quite a collection!"

I said, "Do you want them?"

"I don't want them; I will take them!"

"Just so I get 'em back when I leave."

He said, "No problem. I just can't have you wandering around with these things."

And I said, "But I thought this was a warship?"

"It is," he said, "but we deal in 500-pound bombs and up. We don't deal with M14s."

How long did you say you were on the ship?

About 6 weeks and I had a great time.

What kind of work did you do?

Surgery, physicals, mostly minor injuries, and I managed to hitch rides on anything that would hold two people.

Where did you go after that?

I got a COD flight back to Chu Lai. And guess who was on the COD flight with me? Henry Fonda. He had come out to the ship. In fact, I was doing an appendectomy and we heard lots of racket outside the OR. I looked up to see what was going on and here is Henry Fonda. And I said, "It's Mr. Roberts!" He laughed and asked what I was doing.

I said, "I'm doing an appendectomy." Of course, the kid was awake; I had done a spinal on him. So I said, "Come on over and say hello to the young fellow."

So he came over and noticed the incision. I said, "Some of these kids don't know the movie, 'Mr. Roberts,' but it's one of my favorites."

When it was time to go and the COD flight was in, they said we would be flying off at 10 o'clock and that they would take me to Chu Lai.

At 10 o'clock, I looked up and here's Henry Fonda again. I asked him if he had flown aboard and he told me he had arrived by boat. I explained how much fun it was to be catapulted off the deck, how you go from 0 to 100 miles per hour in milliseconds. He began to get pale and said, "I'm not looking forward to this and you're not making it any better."

We got on the airplane and it had seats--two rows and an aisle down the middle. When we were seated, he asked me how would we know when the plane was ready to take off. I told him that they would turn the engines up really hard and that would mean we had a second or two. The next thing I knew, the engines revved up and a hand comes over and he grabs me just as the

catapult fired, and off we went. Henry was not enjoying this at all. But from then on, he enjoyed the flight. They flew around the carrier a few times so he could see it.

When I got to Chu Lai, I found they had moved to Danang. I had to hitch a ride up there and the only thing going up there was an LST. They were taking up the last of our ambulances. That wonderful, little hospital we had there in Chu Lai was totally deserted. The morning we left, the Army took it over and they came with a caterpillar tractor and proceeded to destroy it. After they tore it down, they built an entirely new one.

The LST had a crew of Japanese sailors and officers. Before we left, I turned to a chief and said that we had better take some C-rations aboard because we would probably be getting very hungry and I didn't think there was any food aboard for us. We took aboard about five or six boxes of C-rats. That LST went about 3 miles an hour and it took us about 3 days to get to Danang. And those C-rations were all the food we had.

We landed at Red Beach, which is the famous place where the Marines first came ashore in '65. Then we ended up back in Charlie Med and I was there the rest of my time in country.

Charlie Med was just about equidistant between Danang and Division. Right across from it was a gravel pit. Every afternoon about 5 PM they set off a charge and the gravel would go flying through the air and they'd have enough gravel to use the next day.

Tell me about the famous incident where you removed the live ordnance.

It was about 2 or 3 in the afternoon on August 27th, 1967 and I was down in my rack reading. The corpsman came in and said, "Doctor, there's a young kid up there and he's got something sticking out of his knee."

I said, "How big is this thing?"

And he said, "It's about 3 inches in diameter, and it's long."

I said, "Uh, oh. I'll be right up."

So I pulled my boots on and the corpsman and I walked up the hill. I went into triage and I looked at this thing. It was obvious to me what it was. It was a 2.75mm rocket, probably from a Huey helicopter. You know those pods on the sides with multiple holes? Well this type of rocket fits in one of those holes.

The whole rocket was in his knee?

The whole damn thing. It had gone right through his patella. The kid's leg was flexed at the knee. I leaned over and asked him, "Were you being supported by helicopters?"

"He said, "Yeah."

"Were they firing rockets?" And he nodded.

I turned and whispered to the corpsman to get everyone out of there. I said, "I think this is a live rocket."

Did you have an EOD guy standing by?

Yes. The EOD man was a Marine. He motioned to me and I went over to him. He said, "Doctor. If I were you, I'd be most careful with that thing." I asked him if I should take any special precautions and he suggested that I not be too rough with it. He then said, "There's no reason for me to be in here too." And I told him that I wouldn't let him stay anyway. "If you want to see some surgery some time, I'd be happy to take you into the OR, but right now I don't want anybody else getting hurt."

Pretty soon the whole place was empty except for the patient and me. He said, "What's up?" and I told him that we would have to take him to the operating room to get that thing out of there. I left him and went out to try to find some help but most everybody had disappeared. I asked a first class corpsman, who was a friend of mine, about anesthesia and he said that nobody wanted anything to do with this situation.

I knew how to give a spinal so I requested that he get a tray ready for me. I then asked for a corpsman to help me, just to pass things. Was there anybody there who could do that?

A corpsman named [HM1 Daniel B.] Henry said yes. He would help me. So he and I took the young patient back to the OR. I had already done the spinal and given him heavy sedation. By this time, we were wearing flak jackets. I said, "This is ridiculous. Are you going to put a flak jacket over my head? If this thing goes off, it will blow the hell out of both of us."

I examined the x-ray and it looked to me that the rocket had destroyed his knee. In fact, on the x-ray, the knee looked like a handful of dice. The rocket was just jammed in there. Henry said that one of the orthopedic surgeons had suggested that I just cut the leg off because all the vessels and nerves were destroyed.

We put some Zephiran on it and then I began working. Initially, I tried to rock the thing but the rocket was stuck. The knee is an interesting structure. It's under tension. If you stick something in between the tibia and the end of the femur, it's there! It's stuck. I could have cut into the joint and removed it but by that time the foot was really looking bad. It had been a couple of hours with the knee so badly smashed. It was better surgery to just remove the leg.

The lad was asleep and I went ahead and completed the amputation. The part that made me nervous was putting the saw to the femur. Originally, I had asked for a Gigli saw--a wire saw--that's flexible. It has a handle on either end and you pull it back and forth. They also make them for camping. When I got down to the bone I said, "I don't want to put a saw on that thing." So I made a tunnel behind the femur and threaded the flexible blade through. Then I told Henry to hold onto it as tight as he could but it wasn't working well. So I pulled it out and went back to the old standard Civil War era rigid saw with the back of the saw blade supported and finished the amputation.

How far above the knee did you do the amputation?

About 3 inches. I knew somebody else was going to have to revise this amputation because under the circumstances I couldn't make good skin flaps. And I just didn't want to mess with it. So I held the leg with one hand and sawed with the other. I finished cutting through the remaining soft tissue and clamped off bleeders. Then I took the leg and carried it outside. I looked around and there wasn't a soul to be seen. Ordinarily the place was a beehive of activity. Way out in the field, I spotted a Marine lieutenant who was one of our security people. He said, "Hey, Dave, bring it over here. There's a big hole. Put it in the hole."

So I very carefully carried the leg with this rocket sticking out of it and put it in the hole, which was about a foot deep. They had already put some blocks of C-4 [explosive] in the bottom of it. I very gently put the leg in the hole, turned around, and started back to the operating room to dress the wound and clean things up. The lieutenant had run around in a big circle and waited for me up ahead. He said, "Dave, that was pretty neat. That took balls."

I said, "I figured if the rocket hit the guy that hard and didn't go off, I probably wasn't going to set it off fooling around with it."

He said, "That's not necessarily the case. Generally, if they haven't gone far enough, they don't explode. It has to go beyond a certain distance for it to be armed."

"I'm glad I didn't know that," I said. He patted me on the back and said that when I was done, he'd buy me a drink. I accepted his offer.

What did you still have to do with the patient?

When I went in the OR, he and Henry were talking. While we were cleaning up the wound, suddenly we heard a huge boom. There was a big explosion and things began falling on the roof of the Quonset hut we were in. The patient looked up and said, "Are we getting hit?"

I said, "No. There's a gravel pit across the way and they always set off a charge about this time in the afternoon. That's what it was. Go back to sleep."

Even now, it's not clear in my mind whether they set off the explosion that destroyed the rocket, or if it went off spontaneously.

That afternoon and evening I went back to see the patient to make sure he was okay. He asked me what I had done with him and I had to tell him that it required an amputation.

I said, "Son, your leg was amputated above the knee. But it should not be a problem. They will fix you up with a prosthesis and everything will be okay."

"Sir, I've got a basketball scholarship waiting for me."

"Well, I don't think you'll play basketball for a while" I asked him where the scholarship was from and he told me it was one of the upstate New York universities. I asked him for the address. I would write a letter explaining what happened. And they gave him the scholarship anyway!

Do you remember the guy's name?

I sure do. His name was Ray Hutton. He went home and I saw him again at Walter Reed when I got home. I went into the ward--and if you want to talk about depressing wards. It reminded me of Walt Whitman and the Civil War hospitals he worked in as a nurse. There were 15 or 20 beds per side on the ward. There were patients with all kinds of amputations--arms, legs, or both. And there was Ray Hutton. I went over and gave him a big hug and asked how he was doing.

We had a good talk and down through the years I got letters from him. I was down at Camp Pendleton in the '90s and my wife said, "Ray Hutton's written you a letter."

And I said, "Great!"

I looked at the envelope and realized it wasn't from Ray; it was from someone else. It wasn't his writing. I didn't want to open it. He had had a coronary and died. It was from his son who said, "You gave him a lot of great years and we'll never forget what you did."

I'm sure that surgery probably affected you more than any other you ever did?

Yes it did. And I'm sure that CAPT Harry Dinsmore felt the same way about his operation that entailed removing an unexploded mortar round.

You were inches away from dying yourself and took a risk and saved someone else.

Of course, I knew what could happen but there was no other option. I remember thinking, "If I get out of this one, I'm sure going to be a good boy from now on."

Several days after the incident, I found out that the corpsman who assisted me, Corpsman Henry, had three kids at home.

Do you remember Henry's first name?

Daniel. His name is on the Wall . . . I hate this. . . PTSD is a real thing. Anyway, his name was Daniel Henry and he was later killed in a mortar attack. I was not far from him at the time. He didn't have his flak jacket on so he got up on his knees to put it on when a round went off just outside his tent and a chunk came through and cut his aorta in two.

How did you learn that you had gotten the Navy Cross?

Our CO, Clint Lowery, came by one day and said that he had put me in for a Navy Cross. CAPT Harry Dinsmore had already gotten his. By the way, I encountered CAPT Dinsmore over in Vietnam fairly early in my tour. I remember saying, "Captain, do I have to do that too."

He said, "No, I advise you not to do that."

Later, I saw him when I was at Bethesda. He looked at me and said, "You're Dave Taft, aren't you?"

I said, "Yes sir."

"I distinctly told you not to do that. You've disobeyed an order from a senior officer."

I said, "I thought of you a lot that day." Those were the only two times I ever met him.

Did you stay in the Navy after Vietnam?

When I went home, they asked me where I wanted to go and I said San Diego. So, of course, they sent me to Bethesda. It actually worked out quite well. When I got home, I went back to Scotland and married my wife, who I had met when I was in Scotland for that year. We've been married for 37 years.

When I reported into Bethesda, they said they were going to send me to the dependents' ward. I said that it would be more useful if they put me into the ward that was taking care of Vietnam casualties. They said they had thought about that but figured I had seen enough of Vietnam casualties. So I ended up taking care of dependents and really enjoyed it. In fact, I enjoyed every minute I was in the Navy.

Did you retire from the Navy?

Not really. I was only in 16 years. And I knew when I came back in in '89 that I wouldn't be in long enough to retire.

It's been many years since you were in Vietnam. Do you ever think about it these days?

Sure. I think about it nearly every day. It's pretty obvious that surgeons are the only people who do any good in these damn wars. There are a lot of advancements made in trauma care. The shock lung, we called it . . . fluid overload, it turned out to be. There's a lot of personal trauma that goes on. It's interesting. There's a study that has shown that the longest period of time between a combat situation and the onset of post-traumatic stress syndrome is in physicians. This is because they are much more able to rationalize the stuff away and say, "Well, I went through it. I'm a big boy. I'm a doctor. I can take it." And it takes a long time before it finally explodes.

Was there a time in your life when it did suddenly explode?

Yes. I was giving a lecture to a bunch of corpsmen and Army medics from Fort Lewis in a tent of all places and it was hotter than hell in this tent. I had my slides from Vietnam and went

through them talking about trauma and corpsmen. Somebody said, "How many corpsmen did you lose over there?"

And I said, "God, what a question! I went over with 200 and at least 190 were either dead or wounded at the end of the year." The tour over there was 13 months. We had tried to haul these kids back in from the field the last month they were over there because that's the time a lot of them got hurt or killed. They became a bit more cautious and you can't be cautious when someone's firing at you. You've got to be aggressive. The safest thing to do is to move forward. If you turn around and look for a place to hide, you're dead. Once these kids came in, we'd put them to work in the operating room for that last month. But some of them wouldn't do it because they didn't want to leave their Marines.

The heat in the tent and the fact that I was looking down at a large group of medics and corpsmen that looked just like those I was with in Vietnam caused my brain to short out and I couldn't speak. An old timer Medical Service Corps officer came from the back of the tent and led me out through a flap behind me. He asked if anything like this had ever happened before and offered to help. All I wanted to do at that time was to go back in and explain to the corpsmen and medics what they had just observed. And I did.

The surgical experience was persistent and intense. A Marine officer said to me one day "I suddenly realized what you people have to do. When we have a wounded Marine we send him out right away; he's no good to us and he slows us up. So we send him to the rear or call a chopper to get him out of the way and to get good medical care. Everyone else in the unit is intact and can fight but you people have got to spend hours putting them back together and they're dropped on your doorstep 24 hours a day."

It's constant. I takes its toll after a while. Nurse Corps officers suffer the most because they are constantly with them, taking care of them, talking with them, and suffering with them. We had no females in our units and the male corpsmen took over beautifully. The Army did have women and they suffered a lot from PTSD. They were with them when they were awake. Constantly. Most of the time, except for making working rounds on the wards, our patients were asleep on the operating table. But you see the wounds you have to take care of and you say, "This is really terrible." And yet, after a while, you don't get casual about it, but to retain your sanity you must inure yourself in some way.

Another gut-shot Marine. Check him carefully, stabilize him, clean him up, and take him to the OR. You must check them over twice so that nothing is missed. One day a Marine came in with a rifle round through the bone in the upper arm with damage to the brachial artery. There was some blood on the lateral chest wall and I said to the corpsman, "Wipe off that blood as you prep him." It wouldn't wipe off, and it became obvious that bone fragments from the bullet striking the bone had been blown into the chest and he had a collapsed lung or a pneumothorax as a result. We stopped what we were doing and I had to put a chest tube in to re-expand his lung. The anesthesiologist said, "Pretty sloppy check on this patient," but I got him later.

A Marine had come in with a quarter-inch wound at the base of his neck. A small dressing had been applied and since it appeared so minor he was put at the end of the list. I came into triage to see if we were done for the night, noticed him, and asked if he was wounded. He said in a high-pitched, squeaky voice, "I've been here helping out all night long."

I asked, "That's not your normal voice." And he said no and it was getting worse. I turned to the nearest corpsman and said, "Keep him upright. Don't let him lie down, and let's walk him to X-ray for a chest film. I want someone with him at all times." I followed him to X-

ray and on that film, his mediastinum was about three times normal size.* A small metal fragment had entered a major vessel or the heart, created a huge hematoma that exerted pressure and tension of the left recurrent laryngeal nerve, and affected his voice.

We immediately took him to the OR for exploration. For some reason I thought I could do him through a transverse thyroidectomy incision but when I got down into the wound fragment path, I uncovered some massive arterial bleeding from what turned out to be his innominate artery, a vessel as thick as his index finger. I stuck my finger over the hole and told the anesthesiologist that I had a real problem here and to order up six units of blood. The last casualty of the night, and, in reality, the worst of the bunch. He loudly said, "What the hell are you talking about?"

I said, "Stand up and look over the screen and I'll show you." I pulled my finger back as he leaned over the screen to see, and a little blood sprayed him right in the face. "Now do you understand?"

The OR had no Lipschky knife that is used to split the sternum so I used a wide gouge and opened him through a median sternotomy. One hand controlled the bleeding while I held the gouge with the other hand. John Reed, one of the other surgeons, wielded the mallet to cut through and down the sternum to open the chest. A tiny hole in the innominate was uncovered and repaired. Emergency over. The patient was startled and a bit upset when he woke up to a pretty impressive incision for a very small original wound.

*The mass of tissues and organs separating the two lungs, between the sternum in front and the vertebral column behind, and from the thoracic inlet above to the diaphragm below.